

SANS



FRONTIERES

二〇〇七年第三期
2007 Issue 3

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E	POSTAGE PAID	Permit
	HONG KONG	No.
	PORT PAYE	1600

Bulk Economy



無國界醫生是國際醫療人道救援組織，我們的宗旨是無分種族、宗教、政治背景或性別，為有需要的人提供醫療援助，並致力引起大眾對危困中人群的關注。

MSF is an international medical humanitarian organisation, committed to two objectives: providing medical aid wherever needed, regardless of race, religion, politics or sex and raising awareness of the plight of the people we help.

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編者的話

伊拉克，一個被戰爭蹂躪的國家，平民死傷不計其數，大批人民流離失所。

美伊戰爭於二零零三年開始時，無國界醫生竭力援助最脆弱的一群。可惜，由於局勢不安全，加上直接針對人道工作者的襲擊，無國界醫生於二零零四年不得不撤離伊拉克，但我們並沒有忘記那裡水深火熱的人民。

事隔數年，我們終於能夠再次為伊拉克的人民提供醫療服務，除了深入當地進行救援，也採取了一個全新的「遙距支援」策略——轉送病人到局勢較穩定的鄰國約旦接受治療。這個方法令病人獲得醫療服務的同時，也保障了志願人員的安全。

今期專題除了深入介紹我們援助伊拉克人民的項目外，更邀得參與這個項目的首位香港志願人員親筆撰寫救援經歷，讓大家從多個角度了解無國界醫生在伊拉克的前線工作及挑戰。

Editor's Note

Iraq is a country brutally ruined by wars with a large number of civilians died and displaced.

When the war in Iraq started in 2003, MSF did everything it could to medically assist the most vulnerable people. Regrettably, we were forced to leave the country in 2004 because of insecurity and the targeted attacks against aid workers. However, MSF did not forget those in distress.

A few years later, MSF is able to restart its operation in Iraq. Apart from working inside Iraq, we also adopt an innovative "remote assistance" strategy – patients are referred to neighbouring Jordan, where the situation is more stable and secure, for further treatment. This strategy ensures that patients receive proper medical assistance without exposing the aid workers to security risks.

In this issue, we have included an in-depth story about our relief work in Iraq and the sharing from the first Hong Kong field volunteer working for this project. Through different angles, we sincerely hope that you will know more about MSF's work and challenges there.



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兩名手持槍械的男子守護著牛群，以防被盜牛者搶奪。
Two men with guns guard their cattle against cattle raiders.

救援實錄 Frontline Sharing

牛隻挑起的爭端

南蘇丹平民槍擊事件

Fighting Over Cattle Civilian Shootouts in Southern Sudan

蘇丹南北之間的內戰雖已平息，平民亦陸續返回家園，不過，當地暴力事件似乎未有隨之消失，平民反而不時因爭執糾紛而動武，甚至開火。志願人員朱淑儀，從治安良好的香港到了南蘇丹的博爾擔任麻醉師，其間便處理了不少槍傷病人，也看到不少由喜成悲的故事。

不經不覺抵達博爾已經三星期，可能由於每天都過得十分緊湊，總覺得時間過得很快！自蘇丹南北內戰全面和平協議生效後，愈來愈多逃離家園的平民陸續返回家鄉。在博爾，市集由幾個地攤迅速演變成店舖林立。人多了，病人也自然多了起來，是以急症室每天都擠滿了人。

由於蘇丹久經戰亂，很多人都持有槍械。我們平均每天都接收到一名槍傷病人，當中大都是手腳受傷。他們每每要接受兩至四次手術才能復原，所以留院的幾乎全都是槍傷病人。當初我還以為這些槍擊事件是零星的戰事，其後才知道它們大都是由爭奪財產和醉酒鬧事而引起。

牛隻成了衝突來源

牛，在當地是主要財產，更是權力和地位的象徵。博爾每星期都會發生一至兩宗搶奪牛隻而引發的槍戰。還能保著性命抵達醫院的病人，都是年輕和傷勢較輕的，但有不少人還未及送到醫院已經喪命。

牛隻亦是當地的嫁妝。當地男子娶妻子時，要像中國習俗般繳付禮金。禮金以牛隻計算，由十隻至三、四十隻不等。當地人經常為嫁妝數量的問題而爭拗。有一位女士，就因不滿男家給女兒的嫁妝太少，與男方理論時被槍傷了右手，最後要進行切除手術。好端端的一件喜事，竟落得悲劇收場。

除此之外，當地的酗酒問題也引發了不少槍擊事件。有些配備了自動步槍的士兵，在晚上喝得酩酊大醉後便會胡亂開火，甚至互相射擊。他們原來的職責是維持秩序，但似乎帶來了更多問題。

不同膚色帶來友善問候

雖然如此，在我看來，蘇丹人普遍都很友善。走在街上，經常有陌生人和我打招呼，孩子們對我這位外國人更感好奇。猶記得一個周日早上，我在街上散步時，突然感到一隻小手從後輕拍我的手。原來在我身後的一班女孩對我那「別於常人」的膚色感到很驚訝，當中一位特別勇敢的，決定上前摸摸我的手。看著這群可愛的女孩，我也伸出雙手，跟她們握手打招呼。

縱使不同膚色，但我從她們的掌心感到前所未有的溫暖。

如欲了解更多前線救援故事，請登入 www.msf.org.hk。

With the end of civil war between the north and the south in Sudan, more and more civilians are returning home. However, conflicts have not vanished. Civilians sometimes start a fight or even shoot each other over minor disputes. Hong Kong volunteer Annie Chu, who works as an anaesthetist in Bor, southern Sudan, has handled many gunshot cases upon her arrival.

Time flies and I have been in Bor for three weeks already. The tight working schedule has been intense enough to distract me to be alert of the passing of time. After the signing of the comprehensive peace agreement between the north and the south, more and more civilians who fled from their homes have returned. In Bor, street vendors scattered around the town have quickly congregated and have formed busy marketplaces. With the increase in population, there has been a rise in the number of patients and the emergency room has become a busy place.

Many people are armed due to the prolonged conflicts in Sudan. On average, we receive one gunshot patient every day. Most of them have wounds in their arms or legs. They become the majority of our in-patients as they usually require at least two to four operations before they can be discharged. At the beginning, I thought these shootouts were from piecemeal fighting between the military forces but soon learned that they are usually the result of property disputes or drunks.

Cattle are the Source of Conflicts

Cattle are symbols of wealth, power and social status in the region. There are generally one or two shootouts arising from cattle snatching. Those who make it to the hospital are usually the younger ones or lightly wounded, many simply die before they are sent to the hospital.

Cattle are the currency for the bride dowry here, which is similar to the Chinese tradition of offering money to the bride's family. A bride's worth usually ranges from ten to thirty or forty cows. Not surprisingly, quarrels about the number of cows offered sometimes lead to a shootout. A mother's right hand was shot by a member of the bridegroom's family when she protested at the amount of cows offered. Her hand had to be amputated.

Problems also arise from alcoholism. Soldiers who are armed with machine guns start firing at random, and sometimes even shoot at each other when drunk. They seem to bring in more troubles than serving and protecting.

Kindness Irrespective of Race

Though some Sudanese engage in shootouts, I find that Sudanese in general are very friendly. Strangers greet me when I walk on the streets, children are curious about this outsider. One Sunday morning I was patted from behind when I was wandering on the street. I turned to find a group of girls who seemed to be stunned and fascinated by this foreigner with her "very special" skin colour. Among them a girl approached me and touched my hand. Seeing these innocent girls, I reached my hands out to shake their hands and greet them. I have never felt that much warmth.

If you are interested in stories from the front line, please visit www.msf.org.hk.



© Carina Li / MSF

手術期間，麻醉師朱淑儀（左）細心觀察病人的情況。
Volunteer anaesthetist Annie Chu (left) carefully monitored the patient's condition during surgery.



© Dieter Telemans

在肯尼亞的無國界醫生診所，營養不良兒童在母親協助下進食即食營養劑。
In the MSF clinic in Kenya, a malnourished child is eating the RUF with the help of his mother.

增加糧食並不足夠 治療營養不良兒童的新方法

More Food is Not Enough New Method for Treating Malnourished Children

全球每年有五百萬名五歲以下兒童死於營養不良或有關疾病，無國界醫生呼籲增加和推廣使用即食營養劑，以減少死亡。無國界醫生警告，現時的糧食援助只著重解決飢餓而不是治療營養不良，無法應付屬高危一族的幼兒的需要。

「若幼童的日常飲食中沒有正確份量的維他命和必需營養，一些在正常情況下都不難痊癒的疾病，也有機會令他們死亡。只呼籲增加糧食援助是漠視了幼童的特殊需要，而他們往往是最易喪命的高危一族。」無國界醫生國際議會主席符尼爾醫生說。

效果理想的新式治療性食物

獨立包裝的即食營養劑含有幼童所有必需的營養、維他命和礦物質。它可以在本土生產和貯存，也方便在炎熱的環境下運送。這個濃縮的治療性食物以奶粉、糖和植物油脂製成，能令營養不良的幼童康復和回復正常發育。由於即食營養劑方便使用，幼童母親也可負責餵食，令更多兒童受惠。

即食營養劑也可應付早期的營養不良。在尼日爾，無國界醫生為母親提供小包裝的即食營養劑，作為幼童日常的補充食物。這個仍在進行的項目有超過六萬二千名兒童參與。初步結果顯示，這個方法遠比傳統方法（提供加強營養的麵粉和煮食油予孩子的母親）有效。

無國界醫生促請捐助機構及聯合國組織盡快引入和廣泛使用即食營養劑。要達到這個目標，必需重新分配經費，以及重整一個結合現有和新發明的營養治療食品的糧食援助策略。

MSF calls for increased and expanded use of nutrient dense ready-to-use food (RUF) to reduce the five million annual deaths worldwide related to malnutrition in children under five. Current food aid, which focuses on fighting hunger, not treating malnutrition, is not doing enough to address the needs of young children most at risk, MSF warns.

“Without the right amounts of vitamins and essential nutrients in the diet, young kids become vulnerable to disease that they would normally be able to fight off easily. Calls for increased food aid ignore the special needs of young children who are at the greatest risk of dying,” said Dr. Christophe Fournier, President of MSF’s International Council.

Effective New Therapeutic Food

RUF, which comes in individually wrapped rations, contains all the necessary nutrients, vitamins, and minerals that a young child needs. It can be produced and stored locally and transported easily even in hot climates. This dense therapeutic food which has milk powder, sugars and vegetable fats allows a child to recover from being malnourished and catch up on lost growth. Being easy-to-use, the mothers can handle the feedings, meaning far more children at risk can be reached.

RUF also has the potential to address malnutrition at earlier stages. In Niger, MSF provides mothers with small containers of RUF as a supplement to their normal diet. Early results from this ongoing project, which is reaching more than 62,000 children, indicate that RUF is significantly more effective than the traditional approach of supplying fortified flours and cooking oil to mothers of young children.

MSF is calling for donors and UN agencies to urgently speed up the introduction and expand the use of RUF. This is going to take a new allocation of funds and also take a realigning of food aid strategies with existing and newly developed products.



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在尼日爾，一名婦女獲無國界醫生派發一個月份量的即食營養劑。
A woman receives a monthly supply of RUF distributed by MSF in Niger.

無國界醫生全球工作 MSF Worldwide Work

八月 希臘大火災

這場史無前例的大火於八月二十四日發生，並迅速蔓延至整個希臘。無國界醫生派出由醫生和心理學家組成的救援隊前赴希臘南部羅奔尼撒半島，與當地衛生部合作，為災民提供醫療服務及心理支援。

August Fire in Greece

An unprecedented fire started on 24 August and rapidly spread to the whole country. MSF sent a team of medical doctors and psychologists to the Peloponnese region in southern Greece, coordinating with the Ministry of Health in order to provide medical assistance and psychological support to the victims.



© Veronique Terrasse / MSF

無國界醫生在印尼地震災區開設流動醫療診所，為災民提供基本醫療服務。In Indonesia, MSF runs mobile clinics for basic health care in the villages affected by the earthquakes.

九月 印尼地震

九月十三日，印尼蘇門答臘西岸發生黎克特制八點二級大地震，第二次地震於十二小時後發生。無國界醫生派出三隊緊急救援隊伍，帶同二百三十噸物資前往明古魯省北面、木柯木柯和巴東省南面。除了派發救援物資，無國界醫生也為災民提供基本醫療服務和心理輔導。

September Earthquake in Indonesia

On 13 September, an 8.2 magnitude earthquake struck West Sumatra in Indonesia. A second violent earthquake followed 12 hours later. MSF sent three emergency teams along with 230 tons of supplies to the north of Bengkulu, Muko Muko and to the southern part of the Padang district. Besides distributing relief materials, MSF also provided basic health care and mental health care to the victims.

九月 剛果民主共和國爆發伊波拉出血熱

剛果民主共和國衛生部於九月十日正式宣佈，在西開賽省爆發伊波拉出血熱。無國界醫生迅速回應，包括治療和隔離受感染的病人，以及阻止疫情進一步擴散。疫情於十月下旬受到控制。



© Pascale Zintzen / MSF

在剛果民主共和國，無國界醫生隊伍到伊波拉病人和懷疑感染者的居所進行消毒。

In the Democratic Republic of Congo, the MSF team disinfects the houses of patients of Ebola fever and who are suspected to be infected by the virus.

September

Ebola Outbreak in the Democratic Republic of Congo

On 10 September, the Congolese Ministry of Health officially declared an outbreak of Ebola haemorrhagic fever in the West Kasai province. MSF quickly responded to the epidemic by isolating and treating those infected and trying to halt further spread of the deadly disease. The outbreak was contained in late October.

十月 無國界醫生兩名蘇丹員工在達爾富爾被殺

十月初，蘇丹達爾富爾城鎮穆哈加里耶遭武裝派系襲擊，迫使無國界醫生暫時撤離。救援隊現已返回當地醫院，並派出流動醫療隊，為流離失所的人提供醫療。襲擊期間，無國界醫生兩名當地員工被殺。無國界醫生對此深表悲慟，並會對鎮內一帶的安全情況保持警覺。

October Two MSF Sudanese Staff Killed in Darfur

The town of Muhajariya in Darfur, Sudan, was attacked by armed groups in early October, forcing MSF team to evacuate. The team is now back on the ground running the hospital and mobile clinics to reach the displaced people.

During the attack, two MSF national staff members were killed. MSF is deeply saddened by the deaths and remains vigilant about security in and around the town.

伊拉克——為戰爭傷者提供手術援助

Iraq: Surgical Assistance for Victims of War



這名伊拉克男子於零六年在巴格達遭遇迫擊炮襲擊，腿部嚴重受傷，今年獲轉送到無國界醫生在約旦安曼的項目接受手術護理。
A patient transferred to the MSF surgical programme in Amman, Jordan this year to receive surgical care. He sustained severe leg wounds in a mortar attack in Baghdad, Iraq in 2006.

在伊拉克的戰爭與衝突，每天都造成平民傷亡，已成為全球最大規模的人道危機之一。由於暴力逐步擴大升級，人道情況轉趨惡化，無國界醫生於去年開始，嘗試以常規以外的方法，為伊拉克人民提供醫療援助，同時確保無國界醫生的員工及當地合作伙伴毋須冒上太大風險。無國界醫生目前正在伊拉克境內不同地區及鄰國約旦，為伊拉克人民提供醫療援助。

在伊拉克這個被戰火蹂躪的國家，暴力事件嚴重影響著不同的地區，其中大多數衝突及暴亂都與派系之爭有關，造成大批平民傷亡及流離失所。據聯合國伊拉克援助團（UNAMI）估計，單在二零零六年，暴力事件導致約三萬四千四百五十名平民被殺及三萬六千六百八十人受傷。

一蹶不振的醫療體系

暴力事件亦令伊拉克的醫療體系一蹶不振。醫院沒有足夠藥物、手術設施和電力，巴格達的醫院情況尤其惡劣。此外，據伊拉克醫學協會估計，於二零零三年之前已註冊的三萬四千名伊拉克醫生之中，超過一半已逃離該國，最少二千人被殺。

本身是伊拉克骨科醫生、現在伊拉克鄰國約旦安曼（詳見另文）為無國界醫生工作的巴薩*醫生說：「現時要在伊拉克做手術，幾乎是沒有可能的事。」他續說：「尤其是當很多醫生為避難而逃到北部時，國內剩下的專科醫生便愈來愈少。再者，他們都是特別被針對的一群，自零三年戰事爆發後，很多醫生都遭綁架。他們都進退維谷。」

這些因素湊在一起，徹底破壞了伊拉克的醫療體系，伊拉克人民要獲取適當醫療護理，倍加困難。

雷蒙*也是伊拉克另一位出色的骨科醫生，現在安曼擔任無國界醫生的醫療統籌。他說：「由傷者受傷的一刻，到獲撤離現場，被送到急症室，直至進行手術，我們（在伊拉克）的整個緊急醫療系統出現了很嚴重的問題。」他續說：「我們

見過很多（由伊拉克轉送到安曼的）傷者是未經診斷或治療不當，以及有很多手術後併發症，而那些手術本應以另一方法施行的。」

無國界醫生重返伊拉克

二零零四年十月，基於伊拉克的不安全情況和發生救援人員遇襲事件，無國界醫生決定撤出伊拉克。但鑑於當地的人道情況愈趨惡劣，無國界醫生於零六年底決定，在伊拉克北部相對安全的庫爾德斯坦控制區裡，重新開設救援項目。

這些項目主要為來自衝突地區的病人，提供手術援助及心理支援。當中大多數受傷個案是汽車炸彈、針對平民的路邊炸彈和槍擊所致。而最常見的是爆炸導致的皮膚燒傷，當中不少都是自殺個案。

無國界醫生在伊拉克的項目總管禾嘉*解釋說：「基於安全理由，我們根本沒有可能在戰區接觸到傷者。故此我們要找出方法，把病人由衝突地區送到無國界醫生工作的醫院。」

他補充：「要做到這一點，我們正與兩邊（庫爾德斯坦地區及伊拉克南部的戰爭影響地區）的主要參與者建立良好的網絡。這個網絡對於把病人安全地轉送到相對安全地區的醫院，至為重要。」

此外，無國界醫生亦為伊拉克境內的不同醫院，提供醫療物資，以提升醫院為衝突受害者提供緊急醫療的能力。

War and conflict in Iraq have led to one of the world's biggest humanitarian crises, with dead and wounded civilians every day. Owing to escalation of the violence and the deterioration of the humanitarian situation, last year MSF started to look for more unconventional ways to provide medical assistance to the Iraqi population without exposing its staff and counterparts to undue security risks. MSF is providing medical assistance to the population in different regions inside Iraq as well as operating from neighbouring country Jordan.

Iraq is a state deeply affected by war. Violence is extremely intense in various parts of the country, mainly due to sectarian conflicts and insurgency. The humanitarian consequences for the civilian population are severe with a high number of civilian casualties as well as large-scale displacements of populations. The United Nations Assistance Mission for Iraq (UNAMI) estimates that about 34,450 civilians were killed and 36,680 wounded in 2006 in Iraq due to the violence.

Crippled Health System

The Iraqi health system is also among the gravest casualties of Iraq's violence. Hospitals, especially in Baghdad, do not have enough medicines, surgical supplies, or even electricity. Beyond the material needs, the Iraqi Medical Association estimates that, of the 34,000 Iraqi physicians registered prior to 2003, more than half have fled the country and at least 2,000 have been killed.

"It's almost impossible right now to get operated on in Iraq," says Dr. Bassam*, an Iraqi orthopaedic surgeon working for MSF in Amman, Jordan, a neighbouring country of Iraq. "All the more so since many doctors have gone farther north or left the country looking for someplace safer, there are fewer and fewer specialists. And on top of everything, they are being particularly targeted. Many of them were kidnapped after the war began in 2003. They are caught between a rock and a hard place."

These factors have conspired with crippling effect to devastate Iraq's health system. Adequate medical care is more and more difficult for the Iraqi population to access.

"We have a very serious problem with the whole emergency medical system (in Iraq), from the time of the injury, to the evacuation, to the emergency rooms, until the final or elective surgeries," says Dr. Raymond*, one of Iraq's top orthopaedic surgeons and is currently MSF's medical coordinator in Amman. "We see many cases (transferred from Iraq to Amman) of undiagnosed or mistreated injuries and many examples of complications of surgeries that should have been performed in a different way."

MSF Back to Iraq

MSF left Iraq in October 2004 because of the insecurity and the direct targeting of aid workers. However, due to the worsening

humanitarian situation, MSF decided at the end of 2006 to establish projects in the relatively safe Kurdish-controlled region in northern Iraq.

In the hospitals in the region, MSF delivers surgical assistance and psychological support to patients from conflict zones. Most of the wounded cases are caused by car bombs, roadside bombs targeting civilians and attacks by gunmen. The most common medical problems are skin-burns caused by explosions, which are often caused by suicide attempts.

"For security reasons, it is impossible to access the wounded within the war zones. So we have to find ways for patients from the conflict zones to reach the hospitals where MSF works," Volker*, MSF Head of Mission in Iraq explained.

"To be able to do that, we are working to establish a very good network with key actors from both sides (the Kurdistan region and the war-affected areas of Iraq further south). This network is crucial for safe referrals to the hospitals in the relatively secure area," he added.

Apart from this, MSF also provides medical supplies to various hospitals in Iraq to strengthen their capacity to provide emergency medical care to victims of the conflict.

*基於安全理由，於伊拉克境內的所有無國界醫生員工及病人，及在約旦工作的伊拉克籍員工名字，都以化名取代。

* For security reasons, names of MSF staff and patients in Iraq and Iraqi staff in Jordan are changed.

無國界醫生為伊拉克人提供的援助

自二零零六年，無國界醫生設立不同項目，為伊拉克人提供醫療服務，包括：

- 為伊拉克中部及北部十二間醫院，提供藥物及醫療設備
- 為伊拉克中部及北部八間醫院的醫護人員，提供培訓
- 派出外科醫療隊到伊拉克北部三間醫院，直接提供援助
- 在約旦開設手術項目，為伊拉克的戰爭傷者提供領面重整手術
- 經約旦為伊拉克境內多間醫院，提供藥物及醫療物資，並為伊拉克醫療人員提供培訓

MSF's Work for Iraqis

MSF has implemented different programmes to provide medical care to the Iraqi people since 2006. These include:

- providing supplies including drugs and medical equipment to 12 hospitals in central and northern Iraq,
- providing training for medical staff and psychological counsellors in 8 hospitals in central and northern Iraq,
- direct intervention of surgical teams in three hospitals of northern Iraq,
- a surgical programme which provides maxillo-facial and reconstructive surgery for war-wounded Iraqis in Jordan,
- supplying numerous hospitals in Iraq with medical drugs and material from Jordan and a training-programme for Iraqi medical staff.



無國界醫生於今年起在相對安全的伊拉克北部醫院，為大批來自衝突地區的病人提供直接醫療援助。
This year MSF starts to work in hospitals in the relatively safe northern Iraq, where a number of patients from the conflict zones are treated.

人道救援最前綫：首位到伊拉克救援的香港醫生

At the Frontline of Humanitarian Action: First MSF Hong Kong Doctor to Iraq



Photo source: Wilson Li

李威儀（左）是無國界醫生重返伊拉克開展項目後，派到當地的首位海外醫生。

Wilson (left) is the first MSF expatriate doctor to provide emergency surgical care inside Iraq since MSF returned to the country.

李威儀醫生是首位來自香港、獲派到伊拉克工作的無國界醫生救援人員，他也是無國界醫生重返伊拉克及正式開展項目後，派到當地提供急救醫療及外科手術的首位海外醫生。以下是他在前綫與戰火擦身而過的經歷，以及感受到伊拉克人友善好客的分享。

「我在伊拉克的主要任務，除了替傷者施手術搶救生命，治理那些因炸彈或地雷爆炸、槍傷等暴力襲擊的傷者外，亦要評估當地的急救醫療需要，以及設立大型災難的救援系統。而培訓當地醫護人員對急症創傷的應變準備，和對簡明創傷控制手術的認識，也是我的工作重點。此外，我亦為當地急症醫院進行醫療物資評估，確保在這個飽受戰

亂影響、大部分基礎設施及服務在崩潰邊緣的國家裡，平民百姓能得到足夠的醫療物資供應。」

與戰火擦身而過的一刻

「雖然我們在伊拉克北部相對安全的庫爾德斯坦控制區工作，但那兒滿街都是裝備精良的軍警及無數路障檢查站，時刻提醒我們正身處險境。最驚險的是在我完成任務要走的那一天早上，當我們在屋內吃早餐時，突然感到一下強力的衝擊氣流，把屋內的窗戶都震破了。原來是住處不遠的一座政府大樓，被一個超強力、混上黃色炸藥的汽車炸彈夷為平地，死傷過百人。我的即時反應是嘗試延遲我的歸期，並帶同額外的創傷、燒傷外科手術物資，趕往當地兩間急症醫院協助搶救傷者。那天算是整個行程中與戰火最擦身而過的一刻，而我亦久久不能忘懷死傷者家屬們哀傷的眼神……」

友善好客的庫爾德人

「不過，印象最深的，是伊拉克庫爾德人對無國界醫生志願人員的由衷感激與友善好客。他們對一個來自遠方的外國醫生，千里迢迢、不畏艱險的來到當地，為他們提供醫療服務，令他們不再感到被世界遺忘，十分欣賞。康復的病人邀請我到山區村落，體驗風土人情及享用傳統食品。就在我臨走的一天，他們更送贈了一套庫爾德傳統民族服裝給我，以示我曾經成為他們的一分子，甘苦與共，在艱苦的日子一起走過那一段路……」

李威儀醫生，於二零零七年三月至五月獲無國界醫生派到伊拉克北部。

如欲了解更多前綫救援故事，請登入 www.msf.org.hk。

Dr Wilson Li is not only the first MSF field volunteer from Hong Kong to work in Iraq, but he is also the first MSF expatriate doctor to provide emergency surgical care in the project since MSF restarted its operation in that country. Here, he shares with us his “close call” experience in the field and the hospitality that he experienced living among the Iraqi people.

“My major role in this mission was to work hands-on in the operating theatre to treat civilian victims of violent attacks like bomb blasts, landmine explosions and gunshots. I also performed emergency needs assessment and set up protocols for receiving mass casualties. Training local medical staff on emergency preparedness and damage control surgery were my priorities as well. I also spent time ensuring that the emergency hospitals got sufficient medical supplies in a country where the most basic facilities and services were disrupted by a high degree of continued violence.”

A Close Call

“We worked in the relatively safe region of Kurdish controlled northern Iraq. But the physical danger was obvious even in this area, evidenced by the large number of heavily armed police and security checkpoints at almost every corner. On the day of my departure, our breakfast was interrupted when a shock wave ripped through the MSF house, shattering windows. A huge TNT bomb blast collapsed a government building nearby, killing dozens, and injuring over a hundred more. I immediately tried postponing my return flight and hurried to the two local emergency hospitals to see if they needed help, bringing with me additional medical supplies for burn and limb surgery. It was a close call. Those faces of agony can never be erased from my memory...”

Hospitality and Gratitude

“Nevertheless the local Kurdish people really demonstrated a high degree of hospitality and gratitude towards us. They appreciated the fact that someone from afar risked all the danger and difficulties to come to help them side by side with their doctors, so that they no longer felt they were left alone in the world. Recovered patients invited me to their village to join their folk dances and taste local authentic food. I was presented a set of Kurdish traditional dress on the last day of my mission there. They reminded me that I was accepted as one of them, who shared the joy and endured the sufferings together through yet another difficult time in their history.”

Dr. Wilson Li, MSF Emergency Doctor to northern Iraq, March – May 2007

For more sharing from MSF field workers, please visit www.msf.org.hk.

「讓外界知道這裡發生甚麼事」

來自伊拉克衝突地區的病人自白

“Let the World Know What is Happening” Testimonies of Patients from the Conflict Zones in Iraq



© Michael Goldfarb / MSF

這名伊拉克男孩正在約旦安曼無國界醫生的外科手術項目接受治療。去年他在伊拉克巴格達，被汽車炸彈導致面部嚴重受傷及失掉一條腿。

An Iraqi boy in the MSF surgical programme in Amman, Jordan. He received severe facial wounds and lost a foot in a car bombing in Baghdad, Iraq last year.

迦馬*是一個二十二歲的年輕伙子，他的左腿接受手術後，正躺在伊拉克北部無國界醫生支援的醫院的深切治療病房內。他的一隻手臂和面部嚴重燒傷，他說話時用毛巾掩蓋著疤痕：

「我來自巴格達，在一間護衛公司裡任職守衛。約兩星期前，我們要護送貨物，由北部前往巴格達。我當時坐在第一架車，是一架輕型小貨車。突然一下爆炸，我隨即不省人

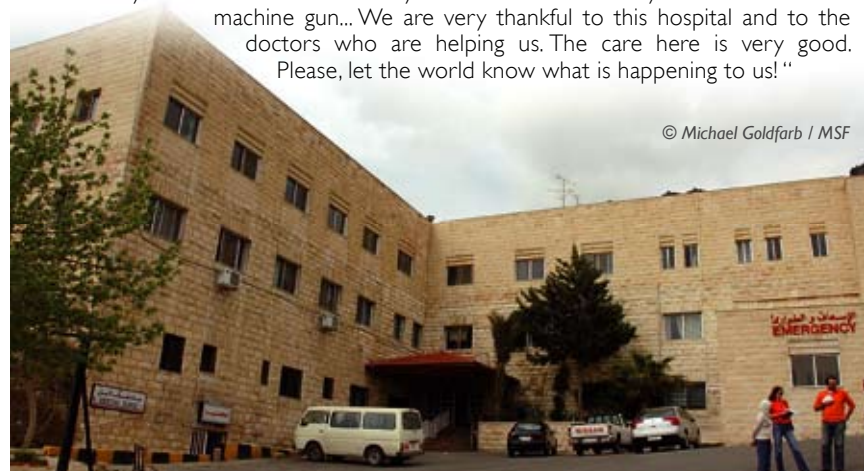
事。數秒後我醒過來，只見司機躺在我身邊，經已斷氣，車上其他二人都受了傷。我們被送到這間醫院。我左邊大腿嚴重骨折，面部、雙臂和身體側面都被燒傷。我身體有百分之二十二的地方都燒傷了。我的腿動了手術。但總的來說，我慶幸我仍然存活。當我離開這間醫院，我會繼續我的守衛工作。生活總得要繼續下去！」

Kamal* is a young man of 22. He is lying on a bed in the intensive care ward in the hospital supported by MSF in northern Iraq after having undergone surgery on his left leg. His arms and his face are heavily burnt; he covers the scars with a towel while he speaks:

“I am from Baghdad. My job is to work as a guard for a security company. About two weeks ago, we were travelling from the north towards Baghdad in a convoy to deliver goods. I was sitting in the first vehicle, a pick-up-truck. Suddenly there was an explosion. I went unconscious. A few seconds after I woke up I saw the driver of my car lying next to me – he was dead. The other two men in the car were also wounded. We were brought to this hospital. I have several fractures in my left leg and these burns on my face, my arms and my side. In total 22 percent of my body-surface was burnt. I had surgery on my leg. All in all, I am happy I am still alive. When I get out of the hospital I will continue to work as a guard. Life has to go on!”

在同一間病房裡，一個年長的男人坐在一個小男孩的床邊。「尤斯夫*是我侄女的兒子，今年十二歲。兩星期前，當他們在巴格達與家人聚會時，他們身處的屋遭恐怖襲擊，尤斯夫的爸爸、八歲大的弟弟，還有其他兩名家庭成員都死了.....尤斯夫的腿中了槍，導致多發性骨折。我們最初送他到巴格達一間醫院，但我們還是覺得不大安全，於是坐私家車來到這裡。他在這裡接受了手術，他會康復的，並可重過生活，繼續他的學業。但我們絕不會再返巴格達.....我告訴他，他的父親仍在生，但他說：『不要騙我了，伯父，我看到他躺在那裡，我知他是死了。』他親眼目睹了一切，他弟弟全身都佈滿了子彈，他們用機關槍向他掃射.....我們很感激這間醫院，還有這裡幫助我們的醫生。他們的護理很好。拜託你們，讓外界知道我們在這裡發生了甚麼事！」

In the same ward, an elderly man is sitting next to a bed of a young boy: “Yousif* is my niece’s son. He is twelve years old. Two weeks ago, while they were having a family gathering in Baghdad, terrorists attacked their house. They killed Yousif’s father, his eight-year-old brother and two other family members... Yousif got shot in his leg. He suffered multiple fractures. First we took him to a hospital in Baghdad, but even there we did not feel safe. So we came here in a private car. He had to undergo surgery. He will get well and can continue his life, his studies. But we will never go back to Baghdad... I told the boy that his father was still alive, but he answered: ‘Don’t lie to me, Uncle, I saw him lying there. I know he is dead.’ He saw everything happen before his eyes. His little brother’s body was full of bullets. They shot him with the machine gun... We are very thankful to this hospital and to the doctors who are helping us. The care here is very good. Please, let the world know what is happening to us!”



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無國界醫生在約旦安曼的紅新月會醫院，設立醫療項目，為因戰亂受傷的伊拉克人提供整形外科手術。

The Jordan Red Crescent Hospital in Amman, Jordan, where MSF runs a reconstructive-surgery programme for war-wounded Iraqis.

非常規方法進行醫療援助

無國界醫生於鄰國約旦醫治伊拉克傷者

Unconventional Way to Provide Medical Assistance

MSF Treats Wounded Iraqis in Amman, Jordan



© Michael Goldfarb / MSF

從巴格達前來安曼的病人，登上無國界醫生安排的車輛，準備前往醫院接受治療。
Patients arriving in Amman from Baghdad are transported by MSF to hospitals to receive further surgical care.

艾邁*今年八歲，二零零六年十月的一個汽車炸彈，幾乎令他毀了半邊臉，不但失去了左眼，左腳更要被切除。儘管他的父親和叔父與他留在巴格達醫院裡的同一間病房達半小時，他們也無法認出那就是艾邁。

艾邁的父親透過翻譯員說：「他一直獨自一人在那裡。」他續說：「在沒有任何家人陪同下，他被截肢了。完全無人知道他是誰。」直至事發後三日，父子倆始能相認團聚。

經過幾次重整面部手術失敗，包括複合皮膚移植後，艾邁與父親於零六年十二月來到位於約旦安曼的紅新月會醫院。無國界醫生自零六年八月開始在這裡設立醫療項目，為因戰亂受傷的伊拉克人提供整形外科手術。至零七年四月之前，艾邁已接受了兩次複雜的顯微手術，並已安排最少多做三次鼻子及唇部的整形手術。而艾邁僅是這醫療項目開設以來，接收的二百一十名病人的其中之一。

前往鄰國約旦的安曼

安曼提供了一個安全的環境，給無國界醫生的外科醫生工作之外，亦讓像艾邁般的病人，可以在那裡接受手術及養病。一個由身處伊拉克的外科醫生組成的網絡，負責轉送病人到這個醫療項目。每個病人的醫療記錄都經無國界醫生的工作隊小心檢視過。當病人獲項目接收，無國界醫生會安排所有交通和轉送他到安曼的所有相關文件——那往往是一個困難而費時的過程。

在安曼的項目，每月平均接收四十名新病人，而無國界醫生的目標是把項目處理病人的數量提升一倍。縱使如此，無國界醫生所能應付的，僅是急需適當手術護理的伊拉克平民的小部分，無國界醫生其他工作隊正評估不同方法，以便為身處炮火中的伊拉克人提供直接的援助。

The car bomb sheared off nearly half of eight-year-old Ahmed's* face, stealing his left eye and amputating his left foot. Ahmed was so disfigured by the bombing in October 2006 that his father and uncle spent half an hour in the same Baghdad hospital room without recognising him.

"He was there alone," says Ahmed's father through an interpreter. "He had an amputation without company from anyone in his family. No one knew him." It would be three days before the father and son would be reunited.

After enduring several failed procedures to reconstruct his face, including multiple skin grafts, Ahmed and his father arrived in December 2006 at the Red Crescent Hospital in Amman, Jordan, where MSF has run a reconstructive-surgery programme for war-wounded Iraqis since August 2006. By April 2007, the young victim had already undergone two extensive microsurgeries and was scheduled for at least three more procedures aimed at reconstructing his nose and lips. Ahmed is just one of 210 patients admitted to the programme since its inception.

Getting to Amman

Amman offers a secure environment in which MSF surgeons can work and in which patients, like Ahmed, can recover from surgery. A network of surgeons in Iraq refers patients to the programme. Each patient's medical history is reviewed carefully by the MSF team. Once the patient has been admitted into the programme, MSF arranges all of the transportation and paperwork required to transfer him or her to Amman, a difficult and time-consuming process.

On average, 40 new patients arrive at the Amman programme each month, and MSF aims to more than double the capacity of the programme. Even then, however, MSF's workload will represent a fraction of the number of Iraqi civilians in desperate need of proper surgical care. Other MSF teams are still assessing ways to provide direct assistance to Iraqis still caught in the conflict.



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位於安曼的紅新月會醫院內，醫護人員正為一名剛接受了頰面重整手術的年輕伊拉克病人進行檢查。
Medical staff examines a young Iraqi patient who has undergone a maxillo-facial and reconstructive surgery in the Red Crescent Hospital in Amman.

救援足跡 They are with MSF Hong Kong

查卡博 — 醫生 / 柬埔寨暹羅
Rhitam Chakraborty – *Medical Doctor, Siem Reap, Cambodia*

易關渡 — 後勤人員 / 中非共和國坦加福
Bagus Emir Ikhwanto – *Logistician, Batangafo, Central African Republic*

費澳多 — 行政管理人員 / 中國北京
Samuel David Theodore – *Administration Coordinator, Beijing, China*

古露嘉 — 精神健康主任 / 中國廣西南寧
Jessie Kurnurkar – *Mental Health Officer, Nanning, Guangxi, China*

奧衛年 — 項目統籌 / 中國湖北襄樊
Wai Lin Oo – *Field Coordinator, Xiangfan, Hubei, China*

胡誠 — 化驗室技術員 / 埃塞俄比亞
Ryan Jose E Ruiz – *Laboratory Technician, Ethiopia*

張敏宜 — 人道事務主任 / 海地太子港
Man Yee Cheung – *Humanitarian Affairs Officer, Port-au-Prince, Haiti*

李曼寧 — 精神健康主任 / 印度克什米爾
Marlene Lee – *Mental Health Officer, Kashmir, India*

馬嘉蘭詩 — 財務管理人員 / 印度新德里
Ezequiela Macaranas – *Financial Controller, New Delhi, India*

魏麗萍 — 項目統籌 / 印尼巴布亞省
Sweet “C” Alipon – *Field Coordinator, Papua, Indonesia*

卓夏培 — 助理項目總管 / 伊拉克
Vipul Chowdhary – *Assistant Head of Mission, Iraq*

費碧娜 — 精神健康主任 / 肯尼亞布西亞
Yenni Febrina – *Mental Health Officer, Busia, Kenya*

陳雅瑜 — 醫生 / 肯尼亞埃爾貢山
Yvonne Nga Yu Chan – *Medical Doctor, Mt. Elgon, Kenya*

寇小曼 — 醫生 / 肯尼亞埃爾貢山
Simerjit Kaur – *Medical Doctor, Mt. Elgon, Kenya*

潘麗嬋 — 醫療統籌 / 利比里亞蒙羅維亞
Dhammika Perera – *Medical Coordinator, Monrovia, Liberia*

陳慧芝 — 醫生 / 利比里亞蒙羅維亞
Gigi Wai Chi Chan – *Medical Doctor, Monrovia, Liberia*

黎珊達 — 財務管理人員 / 馬拉維
Marianne P. Layzanda – *Financial Controller, Malawi*

狄文卓 — 醫生 / 馬拉維喬洛
Elpidio, Jr. Demetria – *Medical Doctor, Thyolo, Malawi*

艾聞達 — 項目統籌 / 摩爾多瓦德涅斯特河東岸地區
Almeida Patrick – *Field Coordinator, Transdnister, Moldova*

格林根 — 醫生 / 緬甸布迪當
Erwin Lloyd Guillergan – *Medical Doctor, Buthidaung, Myanmar*

蘇涓璐 — 後勤人員 / 緬甸實兌
Rita Endrawati – *Logistician, Sittwe, Myanmar*

樊廓娟 — 化驗室技術員 / 緬甸仰光
Joan Marie Franco – *Laboratory Technician, Yangon, Myanmar*

潘淵 — 後勤統籌 / 緬甸仰光
Yuan Pan – *Logistics Coordinator, Yangon, Myanmar*

林秀清 — 護士 / 尼日利亞哈科特港
Florence Siew Ching Lim – *Nurse, Port Harcourt, Nigeria*

艾詠雯 — 醫生 / 蘇丹北部
Tira Aswitama – *Medical Doctor, Northern Sudan*

彭荔瓊 — 行政及財務管理人員 / 蘇丹北部法希爾
Imelda Palacay – *Administrator / Financial Controller, El Fasher, Northern Sudan*

辛定高 — 後勤人員 / 巴基斯坦伊斯蘭堡
Arnold Santiago – *Logistician, Islamabad, Pakistan*

彭魯馬 — 項目統籌 / 巴基斯坦克什米爾巴格
Ronnie Palomar – *Field Coordinator, Bagh, Kashmir, Pakistan*

班定 — 醫生 / 南蘇丹博爾
Ifthikhar Banday – *Medical Doctor, Bor, Southern Sudan*

蘇樂利 — 後勤人員 / 南蘇丹朱巴
Aurangzeb Sulehry – *Logistician, Juba, Southern Sudan*

駱帆亭 — 化驗室技術員 / 南蘇丹皮博爾
Abelardo Jr. Pechuanco Lavente –

Laboratory Technician, Pibor, Southern Sudan

占雯詩 — 醫生 / 南蘇丹皮博爾
Mira Jimenez – *Medical Doctor, Pibor, Southern Sudan*

古樹南 — 後勤人員 / 南蘇丹皮博爾
Vinod Krishnan – *Logistician, Pibor, Southern Sudan*

賴婷茵 — 麻醉師 / 索馬里
Marjorie Ann Ladion – *Anaesthetist, Somalia*

洪達 — 項目統籌 / 索馬里
Tidal Hudda – *Field Coordinator, Somalia*

米漢達 — 項目統籌 / 索馬里胡杜爾
Edgardo Miranda – *Field Coordinator, Huddur, Somalia*

鍾建華 — 醫生 / 索馬里胡杜爾
Kin Wah Chung – *Medical Doctor, Huddur, Somalia*

閔鐸 — 行政及財務管理人員 / 斯里蘭卡科倫坡
James Mondol – *Administrator / Financial Controller, Colombo, Sri Lanka*

閔道新 — 化驗室技術員 / 斯里蘭卡基利諾奇
Robin E. Mendoza – *Laboratory Technician, Kilinochchi, Sri Lanka*

白雲黛 — 麻醉師 / 斯里蘭卡瓦武尼亞
Rowella Bacwaden – *Anaesthetist, Vanuniya, Sri Lanka*

郭勝 — 項目統籌 / 蘇丹達爾富爾
Morpheus Causing – *Field Coordinator, Darfur, Sudan*

祁樂夏 — 項目統籌 / 泰國
Andrais Karel Keiluhu – *Field Coordinator, Thailand*

鄭宇芳 — 資訊教育主任 / 泰國曼谷
Abigail Yu Fang Jung – *Information, Education & Communication Officer, Bangkok, Thailand*

哥斯高 — 醫生 / 土庫曼邁丹尼
Roy Anthony Cosico – *Medical Doctor, Magdanly, Turkmenistan*

王俊 — 後勤人員 / 烏干達古盧
Jun Wang – *Logistician, Gulu, Uganda*

王婭 — 財務管理人員 / 烏干達坎帕拉
Ya Wang – *Financial Coordinator, Kampala, Uganda*

衛倚詩 — 精神健康主任 / 也門艾赫沃爾
Rosalie Ann Reyes – *Mental Health Officer, Ahwar, Yemen*

李湘霓 — 財務管理人員 / 津巴布韋哈拉雷
Linda Seung Ngai Lee – *Financial Coordinator, Harare, Zimbabwe*

司徒多嬋 — 後勤人員 / 津巴布韋哈拉雷
Juanita "Cathy" Theodora – *Logistician, Harare, Zimbabwe*

(截至二零零七年十一月十五日 As at 15 November 2007)